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CONFIRMATION NO. 6683

SERIAL NUMBER 10783,215	FILING DATE 02/20/2004 RULE	CLASS 180	GROUP ART UNIT 3611	ATTORNEY DOCKET NO. 8266-1222
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** CONTINUING DATA *****

*verified**mf*

This application is a CON of 10/336,576 01/03/2003 PAT 7,014,000
 which is a CIP of 09/853,221 05/11/2001 PAT 6,749,034
 which claims benefit of 60/203,214 05/11/2000
 and said 10/336,576 01/03/2003
 claims benefit of 60/345,058 01/04/2002

** FOREIGN APPLICATIONS *****

*none**mf*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>Matthew</i> Examiner's Signature	IN	61	37	3
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ADDRESS

25267

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TITLE

Motorized traction device for a patient support

<p>FILING FEE RECEIVED 1514</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit _____</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit _____
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